



United States Department of State

Washington, D.C. 20520

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May 18, 2022

MEMO FOR JEANNE MALONEY, U.S. AMBASSADOR TO ESWATINI

FROM: S/GAC – Julia Martin, S/GAC Chair
S/GAC – Stephanie Weber, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Eswatini Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Eswatini Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Eswatini, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Eswatini Country Operational Plan (COP) 2022 with a total approved budget of **\$71,240,000**, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	64,930,995	6,309,005	71,240,000
Bilateral	63,227,995	6,309,005	69,537,000
Central	1,703,000		1,703,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$71,240,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 21-23, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

With the support of PEPFAR, Eswatini has achieved and maintained high HIV treatment coverage and advanced strong HIV prevention services. In partnership with the Government of the Kingdom of Eswatini (GKoE), funding for PEPFAR Eswatini Country Operational Plan (COP) 2022 will support a vision to provide quality health services most efficiently and well matched to the needs of persons on HIV treatment and at risk for acquiring HIV while strengthening health systems all with the aim of sustaining HIV epidemic control. PEPFAR funding and technical support covers ~90% of clients receiving treatment nationally and an equally high percentage of core HIV prevention programs. For 2022, the country has an estimated 215,000 persons living with HIV (PLHIV). As of December 2021, 181,000 persons are receiving antiretrovirals (ART). The COP 2022 HIV treatment target to be achieved by the end of FY2023 is 214,040, which represents 99% of all PLHIV with a 97% viral load suppression rate. To maintain high treatment coverage of >95% in all age groups and across males and females, people must be retained in care, receive quality services, and HIV positive people not yet diagnosed must be reached and linked to treatment. To address persistent new HIV infections and further reduce HIV incidence, COP 2022 will continue to focus on prioritized and expanded prevention activities specifically for adolescent girls and young women (AGYW) 10-29 years and men 25-39 years who are most at risk of acquiring HIV as determined through HIV testing surveillance activities carried out in FY2022. Sustaining epidemic control will be supported by continuous improvements in crucial systems for capturing patient data, disease surveillance, and laboratory diagnostics.

Focusing on retaining persons in both treatment and prevention, COP 2022 interventions will work to bring facility and community services closer together. Developing joint accountability for populations served within regions of the country, facility- and community-based technical partners will work in partnership to strengthen differentiated service delivery, reaching the most vulnerable, and addressing gaps in services for specific populations. These same partners will also work to ensure all persons on treatment are virally suppressed. Eleven percent of people living with HIV in Eswatini are virally *unsuppressed* which puts them at higher risk of illness

and death, and increases risks of ongoing HIV transmission. Of this 11%, 8% are undiagnosed / unaware of their status. To reach this population, PEPFAR Eswatini will optimize index testing, refine strategies to enhance timely case finding based on person and geography, and protect negative partners and high risk contacts by offering PrEP. For the 3% of PLHIV who are diagnosed but remain unsuppressed, PEPFAR Eswatini will address barriers to linkage and adherence, and work to rapidly return to treatment any persons living with HIV and experiencing an interruption in treatment. Utilizing these strategies, PEPFAR Eswatini will close the gaps to 95-95-95 among children, youth, the military and key populations. PEPFAR Eswatini will also lower mortality among PLHIV by addressing advanced HIV disease, detecting and treating cervical dysplasia, and integrating NCD and HIV services.

To prevent new infections, PEPFAR Eswatini will integrate PrEP provision at various HIV entry points; refer men testing negative for HIV to VMMC services; and link clinical programs with the OVC/DREAMS programs to break transmission cycle among children, AGYW and KPs. The team will use recency data to monitor trends in recent infections to inform prevention interventions, targeting medium to high-risk priority populations with tailored services and a strong focus on structural interventions to reduce discrimination and increase access to essential services. The team will use treatment as prevention (maintain PLHIV on ART and virally suppressed) by maintaining treatment continuity through differentiated models of service delivery, optimal ARV regimens, and employing viral load, index testing, and recency data to identify and interrupt patterns of ongoing HIV transmission.

In COP22, PEPFAR Eswatini will address the low completion rates of the DREAMS package resulting from COVID-19 lockdowns and the inability to provide face-to-face curricula on HIV prevention and social support measures for AGYW. Under DREAMS, PEPFAR Eswatini will improve uptake of PrEP among AGYW, increase access to services for vulnerable AGYW, leverage the DREAMS platform to respond to cases of gender-based violence, and strengthen the role of DREAMS Ambassadors to ensure the voices of AGYW are represented at local and national levels. PEPFAR Eswatini will also ensure that services are tailored towards the specific and unique needs and interests of AGYW.

As one of the six “Sustaining Impact” countries, in FY23, PEPFAR Eswatini will initiate shifts in service delivery support, including refining the clinical mentorship model in collaboration with the MoH to reduce costs while maintaining quality and aligning human resources for health investments with MoH staffing norms, salary scales, and structures. To strengthen MoH capacity in core health systems, PEPFAR Eswatini will build a data exchange repository with individual record matching capability to support clinical care, national routine program monitoring, and surveillance; advance institutional capacity of the MoH for robust data management, analytics, reporting and use; localize laboratory processes for sequencing and quality assurance; and standardize and routinize joint commodity planning.

PEPFAR Eswatini will continue health system investments in laboratory systems through support to national, regional and facility level laboratories with the provision of human resources, technical mentoring, reagent forecasting, quality assurance (QA) and continuous quality improvement (CQI), specimen transport, and laboratory information system through SMS results reporting. PEPFAR will support viral load and early-infant diagnostic (EID) testing,

expansion of dried blood sample (DBS) testing, and point of care viral load for pregnant and breastfeeding women at six high volume sites.

The most notable change from COP21 to COP22 will be the deliberate focus on sustainability planning including costing service delivery models, refining the clinical mentorship model, strengthening the MOH capacity in core health systems activities, and aligning HRH investments.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

of which, Bilateral									
Total		New Funding						Applied Pipeline	
		FY 2022				FY 2021			
	Total	Total	GHP-State	GHP-USAID	GAP	GHP-State	FY 2020		
TOTAL	59,537,000	63,227,995	62,740,495	-	487,500	-	-	6,309,005	
DOD Total	2,331,212	2,143,219	2,143,219	-	-	-	-	187,993	
DOD	2,331,212	2,143,219	2,143,219	-	-	-	-	187,993	
HHS Total	23,389,844	19,913,775	19,426,275	-	487,500	-	-	3,476,069	
HHS/CDC	23,389,844	19,913,775	19,426,275	-	487,500	-	-	3,476,069	
PC Total	1,672,153	61,665	61,665	-	-	-	-	1,610,488	
PC	1,672,153	61,665	61,665	-	-	-	-	1,610,488	
STATE Total	985,047	682,553	682,553	-	-	-	-	302,494	
State	292,044	292,044	292,044	-	-	-	-	-	
State/AF	693,003	390,509	390,509	-	-	-	-	302,494	
USAID Total	41,158,742	40,426,783	40,426,783	-	-	-	-	731,961	
USAID, non-WCF	33,930,233	33,198,272	33,198,272	-	-	-	-	731,961	
USAID/WCF	7,228,511	7,228,511	7,228,511	-	-	-	-	-	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

of which, Central								
Total	New Funding							
	Total	FY 2022			GAP	FY 2021		Applied Pipeline
		GHP-State	GHP-USAID	GHP-State		GHP-State		
TOTAL	1,703,000	1,703,000	1,203,000	500,000	-	-	-	
DOD Total	-	-	-	-	-	-	-	
DOD	-	-	-	-	-	-	-	
HHS Total	-	-	-	-	-	-	-	
HHS/CDC	-	-	-	-	-	-	-	
PC Total	-	-	-	-	-	-	-	
PC	-	-	-	-	-	-	-	
STATE Total	-	-	-	-	-	-	-	
State	-	-	-	-	-	-	-	
State/AF	-	-	-	-	-	-	-	
USAID Total	1,703,000	1,703,000	1,203,000	500,000	-	-	-	
USAID, non-WCF	1,203,000	1,203,000	1,203,000	-	-	-	-	
USAID/WCF	500,000	500,000	-	500,000	-	-	-	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: Eswatini has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Eswatini. Upon approval of this memo, the amounts below will become the new earmark controls for Eswatini. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	30,829,589	30,829,589	-	-
Orphans and Vulnerable Children	15,036,243	15,036,243	-	-
Preventing and Responding to Gender-based Violence	1,140,888	1,140,888	-	-
Water	150,000	150,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	4,957,545	4,957,545	-	-	-
Of which, AB/Y	3,551,809	3,551,809	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	71.6%	71.6%	N/A	N/A	N/A

**Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

AB/Y Earmark Budget Justification

AB/Y Requirement Met.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	63,227,995	6,309,005	1,703,000	-	71,240,000
<i>of which, Cervical Cancer</i>	<i>1,500,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,500,000</i>
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>230,000</i>	<i>-</i>	<i>-</i>	<i>230,000</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>44,686,194</i>	<i>5,678,005</i>	<i>-</i>	<i>-</i>	<i>50,364,199</i>
<i>of which, DREAMS</i>	<i>9,808,626</i>	<i>401,000</i>	<i>-</i>	<i>-</i>	<i>10,209,626</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>5,733,175</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>5,733,175</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	<i>-</i>	<i>-</i>	<i>1,203,000</i>	<i>-</i>	<i>1,203,000</i>
<i>of which, VMMC</i>	<i>1,500,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,500,000</i>
DOD Total	2,143,219	187,993	-	-	2,331,212
<i>of which, Cervical Cancer</i>	<i>67,345</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>67,345</i>
<i>of which, Core Program</i>	<i>2,038,452</i>	<i>187,993</i>	<i>-</i>	<i>-</i>	<i>2,226,445</i>
<i>of which, VMMC</i>	<i>37,422</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>37,422</i>
HHS Total	19,913,775	3,476,069	-	-	23,389,844
<i>of which, Cervical Cancer</i>	<i>761,347</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>761,347</i>
<i>of which, Core Program</i>	<i>16,685,368</i>	<i>3,476,069</i>	<i>-</i>	<i>-</i>	<i>20,161,437</i>
<i>of which, DREAMS</i>	<i>1,369,388</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,369,388</i>
<i>of which, VMMC</i>	<i>1,097,672</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,097,672</i>
PC Total	61,665	1,610,488	-	-	1,672,153
<i>of which, Core Program</i>	<i>-</i>	<i>1,209,488</i>	<i>-</i>	<i>-</i>	<i>1,209,488</i>
<i>of which, DREAMS</i>	<i>61,665</i>	<i>401,000</i>	<i>-</i>	<i>-</i>	<i>462,665</i>
STATE Total	682,553	302,494	-	-	985,047
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>230,000</i>	<i>-</i>	<i>-</i>	<i>230,000</i>
<i>of which, Core Program</i>	<i>682,553</i>	<i>72,494</i>	<i>-</i>	<i>-</i>	<i>755,047</i>
USAID Total	40,426,783	731,961	1,703,000	-	42,861,744
<i>of which, Cervical Cancer</i>	<i>671,308</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>671,308</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>25,279,821</i>	<i>731,961</i>	<i>-</i>	<i>-</i>	<i>26,011,782</i>
<i>of which, DREAMS</i>	<i>8,377,573</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>8,377,573</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>5,733,175</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>5,733,175</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	<i>-</i>	<i>-</i>	<i>1,203,000</i>	<i>-</i>	<i>1,203,000</i>
<i>of which, VMMC</i>	<i>364,906</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>364,906</i>

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Eswatini		SNU Prioritizations	
		Attained	Total
	<15	282	285
TX_NEW	15+	8,741	9,058
	Total	9,023	9,343
	<15	7,719	7,780
TX_CURR	15+	203,077	206,260
	Total	210,796	214,040
	<15	7,013	7,036
TX_PVLS	15+	186,876	189,375
	Total	193,889	196,411
	<15	2,108	2,108
HTS_SELF	15+	80,799	85,281
	Total	82,907	87,389
	<15	9,130	9,192
HTS_TST	15+	175,207	178,627
	Total	184,337	187,819
	<15	231	234
HTS_TST_POS	15+	9,202	9,537
	Total	9,433	9,771
HTS_RECENT	Total	9,194	9,520
	<15	5,262	5,262
HTS_INDEX	15+	19,963	20,240
	Total	25,225	25,502
	<15	229	229
PMTCT_STAT	15+	22,720	22,720
	Total	22,949	22,949
	<15	7	7
PMTCT_STAT_POS	15+	6,444	6,444
	Total	6,451	6,451
	<15	7	7
PMTCT_ART	15+	6,404	6,404
	Total	6,411	6,411
PMTCT_EID	Total	6,787	6,787
	<15	69	93
TB_STAT	15+	1,816	1,953
	Total	1,885	2,046
	<15	17	17
TB_ART	15+	1,156	1,245
	Total	1,173	1,262
	<15	1,238	1,246
TB_PREV	15+	28,509	29,122
	Total	29,747	30,368
	<15	8,040	8,112
TX_TB	15+	207,015	210,761
	Total	215,055	218,873
VMMC_CIRC	Total	5,987	6,285
KP_PREV	Total	14,416	14,416
PREP_NEW	Total	20,993	21,165
PREP_CT	Total	6,909	6,970
CXCA_SCRN	Total	33,157	33,786
	<15	7,888	7,986
PP_PREV	15+	49,368	55,989
	Total	57,256	63,975
	<18	63,160	63,160
OVC_SERV	18+	18,563	18,563
	Total	81,723	81,723
OVC_HIVSTAT	Total	42,780	42,780
GEND_GBV	Total	1,958	1,972
AGYW_PREV	Total	37,514	37,514

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Eswatini's progress and help identify any strategic changes to be made to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	2,311,118	100%	6,495,139	0%	10,460,813	43%	2,393,894	4%	17,483,120	34%	10,562,468	14%	8,379,720	11%	0%
DOD	2,242,300	97%	-	0%	1,471,478	63%	104,000	4%	447,100	19%	319,812	14%	-	0%	0%
HHS	25,232,198	34%	2,923,130	12%	11,945,878	47%	1,151,917	5%	6,051,363	24%	3,159,910	13%	-	0%	0%
PC	1,618,899	2%	-	0%	-	0%	-	0%	1,568,899	97%	25,000	2%	-	0%	0%
STATE	1,431,592	3%	-	0%	382,127	23%	-	0%	1,044,377	73%	57,088	4%	-	0%	0%
USAO	42,708,079	54%	1,527,000	4%	16,711,130	39%	1,403,779	3%	8,330,781	20%	6,480,659	15%	8,254,730	19%	0%

COP 22 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	72,485,000	100%	6,579,745	9%	21,690,784	30%	9,337,466	13%	18,213,342	25%	10,742,492	15%	8,310,932	11%	0%
DOD	2,311,212	3%	-	0%	1,415,690	61%	-	0%	419,100	18%	342,442	15%	-	0%	0%
HHS	23,389,844	33%	4,322,745	18%	9,374,914	40%	3,232,263	5%	5,987,609	26%	2,472,613	11%	-	0%	0%
PC	1,672,153	2%	-	0%	-	0%	-	0%	1,159,488	69%	487,665	29%	35,000	1%	0%
STATE	985,047	1%	-	0%	502,605	51%	-	0%	482,442	49%	-	0%	-	0%	0%
USAO	42,861,744	60%	2,253,000	5%	13,794,155	32%	1,451,403	3%	10,204,963	24%	7,172,291	17%	7,985,932	19%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area														
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified
TOTAL	(2,299,154)	2,112,311	-3%	(5,774,312)	-18%	1,177,442	3%	810,422	3%	419,422	7%	(1,374,818)	-16%	-
DOD	(11,178)	-	-	(55,788)	-4%	50,000	48%	-	-5%	22,610	7%	-	-	-
HHS	(1,842,394)	1,399,315	48%	(2,570,964)	-23%	80,346	7%	(63,794)	-1%	(887,297)	-22%	-	-	-
PC	51,234	-	-	-	-	-	-	(409,411)	-26%	462,605	1851%	-	0%	-
STATE	(448,545)	-	-	170,478	51%	-	-	(561,931)	-54%	(57,088)	-100%	-	-	-
USAO	155,665	716,000	48%	(2,916,975)	-17%	47,624	3%	1,874,182	22%	693,632	11%	(268,738)	-3%	-